<b>Disclosure</b>	Report	Cover
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An	nendn	nent			
	Yes	5		No	
			 -	-	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In	formation							
a. Full Name							c. ID Number	
Committee	e To E	Elect Mo	ircus N	1 cInty	re			
b. Mailing Address	(include City, Stat	e and Zip Code)					d. Date Filed	
4009 Sedgewick Road Indian Trail, NC. 28079							01-25	-2020
Indian 7	Trail, NC	. 28079					e. Phone Num	ber
2)							704-2	197-2128
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (r	mm/dd/yy)	5. Treasur		
2019	10/22/20	19	1/16	12020		Moreus	J. Mch	ture
6. Type of Comr			Type of Rep	ort (check	k only one		ort from one	
Candidate Camp	=		unicipal	-	ate/County		Referendum	
PAC		erendum	Organizationa	1	Organiza		Organiza	
Independent Exp		t Fundraiser	Thirty-five da	у	Quarterly		Pre-refere	endum
Legal Expense F	rund	-	Pre-primary	-	Firs		Final	
7. Type of Fund	(if applicable,	ahaah aya)	Pre-election	-	Seco			ental Final
Booster Fund	(ij applicable,	cneck one)	Pre-runoff Semi-annual	늗	Thi		Annual	ECTION
Building Fund		-	Mid Yea	_  -	Fou Semi-ann	0.0000	Special	
Dunding Fund		I⊨	Year End			I Year	10 6	R ORAO
Other:			Final	·  -	11000	r End	10. Special	Report Name
8. Number of Fu	indraisers this			F		Liid		Osoc c
	0			_	Special			
11. Account Info	rmation			A STATE OF THE PARTY OF THE PAR	CONTRACTOR DESCRIPTION			Muos
a. Financial Instituti				11. Accou				
First Nati	ional Ba	alk.						
b. Purpose	ionoci Da	c. Account Code		b. Purpose			c. Account Co	de
For Campo	lign	1						
8	225	d. Period Begin B	plance				10:10	
KEXP ET	1562						d. Period Begi	n Balance
		\$ 485.3	7				\$	
I certify that the Cof the NC General report is complete	Committee or Fur al Statutes and that e, true and correc	at no funds are con	mmingled with	prohibited of	or other no	on-disclosed f	B & 22D-22M unds. I further	of Chapter 163 certify that this
Mara		Inture			M		01-	25-2020
FOR OFFICE U	ISE ONLY	er 🖳	Sig	nature of App	ointed Trea	surer		Date
	/	nahana		1	11. 0	m. De	livery Method	1
Date Receive	ed: Cafe	03/2020	Employ	yee:	Ky	- V		
Date Postmar	rked: Not	Postmark	Employ	yee: <u>U</u>	May		Registered M Hand Delive	Mail ered
Date Scanned	d:		Employ	yee:	'	_ 0	Electronical	ly Filed
Date Data En	itered:		Employ	yee:		_ 0	Signer has n mandatory t	
No.	assistant	nnot be used to treasurer, custo the Statement of	dian of books	s informatio	on, or acc	ount informa	nmittee addre	ss, treasurer,

Amendment ☐ No

Detailed Summary	Amendment  Yes No			
Use this form to summarize all disclosure reporting forms and Committee Full Name (and Fund if applicable)		3. ID Number	_	
	2. Type of	AND THE PERSON NAMED IN COLUMN	5. ID Number	1
Committee To Elect Marcus Myn	tyre	TINAL Total this	Total this	4
Start of Election Cycle: January 1, 2019	_	Reporting Period	110000000000000000000000000000000000000	
4) Cash on Hand at Start		\$ 485.39	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	7
9) Loan Proceeds	(CRO-1410)	\$ 250.00	\$	1
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	1
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	7
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	1
11c) Outside Sources of Income	(CRO-1250)	\$	\$	1
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s	1
11e) Exempt Purchase Price Sales	(CRO-1265)	s	\$	1
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c.			\$	-
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 633.13	\$	7
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	1
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	773
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	s	80L
15) Loan Repayments	(CRO-1420)	\$102.26	\$ 30	EB SB
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$ 00	
17) In-Kind Contributions	(CRO-1510)	\$	\$	-
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1		\$ 735.39	\$	Minos
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	The second second second	\$ 0.00	\$	1
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	1
26) Forgiven Loans	(CRO-1440)	\$1,147.74	\$	1
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	1
28) Contributions to be Refunded	(CRO-1215)	\$	\$	1
CDO 1100	I CEL			

Loan Proceeds  Jee this form to report proceeds from a loan and loan		of Yes No
loan proceeds statement must accompany each loan		
Committee Full Name (and Fund if applicable)	MClalia	2. ID Number
Committee To Elect Marcus	s M-Intyre	
Lender Information	Add Remove	
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Marcus J. Melityre	FINANCE MAN	JA6 ER
	100 100 100 100 100	e. Start Date (mm/dd/yyyy)
ADOG Sedgewick Road	c. Employer's Name/Specific F	10/22/2019
Indian Trail, NC. 28079	Bank of America	
	The state of the s	01/16/2020
Rate h. Security Pledged	i. Account Code j. Form of Paym	
0.0 % NONE	Check	\$250.00
Full Name of Lending Institution		m. Loan Number
Not Aplicable - Self Loan		N/A
Endorsers/Makers (The people who guarantee the load	un.)	
Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)	T Mana	D. WOCA
Marais J. Mantyre	TNANCE Manager	r Bank Of America
4009 Sedgewick Road		
Indian Trail, NC. 28079	d. Percentage	e. Amount
Thatan 17411, NC. 28019	100%	% \$ Q50·00
Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)		
		ECTOR
		MOITE
	d. Percentage	e. Amount
	9	% \$ OZOZ E
Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)		TNUO
	d. Percentage	e. Amount
	Q.	% \$
Full Name, Mailing Address & Phone	b. Job Title/Profession	c. Employer's Name/Specific Field
(include city, state, & zip)		
	d. Percentage	e. Amount

Amendment

	o report expenditures		tee for o	operating exp	Pg of penses, contribut	Amendment Yes No ions to candidate/political
	coordinated party ex Full Name (and Fun					2. ID Number
				101	,	2. ID Number
Committee	ee To Flee	ct Marcu	'S c	1. N/4	ture	
3. Type of Disl	bursement (Please	e use separate Cl	RO-1310	forms for e	each type of Dist	pursement.) GNOII
Operating Exp	CONTRACTOR OF THE PARTY OF THE	ntributions to Candid	ates/Politi	cal Committees	Coo	ardinated Party Expenditures
4. Payee Infor				Add	Remove	AMAGE TARY Expenditures TO GRACE
	Mailing Address & Ph	ione		b. Coordinat	ed Committee Nam	e d. Comments
(include city, state			-W 1-8			Heceived L
Dubway	Restaurants dlewild Read			c. Level Regi	stered (Specify)	CO2 NOW
7802 In	dlewild Kead			☐ Federal	County:	NOI
	Troil INC. 2			State	Municipa Municipa	ality: e. Election Sum to Date
HIGHAN	MOIT MC. Z	8011		Todos	Trail	\$32.94
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (	mm/dd/yyyy)		k. Required Remarks
C C	<b>\</b>	D Court		,	\$ 15.78	11.0
	Debit Card			2019		Meal for Meeting
CC	Debit Card		1//0	6/2019	\$ 17.16	Meal for Meeting
4. Payee Inform				Add	Remove	
(include city, sta	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
Union Cou P.O. Bo Matthew	inty Weekly/C x 1104 s NC. 28106	harlotte Medu	a Ground	7.	stered (Specify) County: Municipa	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i Data /	+ndian mm/dd/yyyy)		k. Required Remarks
CC	, ,	A			\$300.00	
	Check	A	192	4/2019	\$00000	Ad for Election
					\$	
4. Payee Inform				Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta	ite, & zip)	<u> </u>				
Bonterra + 1019 Fill Indian	ton Henderson y Drive Trail, NC 29	groperti	es	c. Level Regis	stered (Specify) County: Municipa	lity: e. Election Sum to Date
A CONTRACTOR				Indian	Trail	\$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	i. Amount	k. Required Remarks
CC	Check	0	1 . 1	1	\$ 125.00	quirea remains
	Crieca		10/1	1/244	6	
	L				2	
5. Total only th	is Page					\$ 457.94

7. Purpose Coa	es (List detailed expenditur	e code in (h.) above)	
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund

O\* Other

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

6. Total of ALL CRO-1310 Pages

\$ 633.13

	o report expenditures I coordinated party ex		tee for o	perating exp	enses, contribut	ions to candidate/political
	Full Name (and Fund					2. ID Number
Committee	te To Elect	Marcus	J. M	14ntur	e	
3. Type of Dish		use separate Ch	_		-	bursement.)
Operating Exp		tributions to Candida				ordinated Party Expenditures SNOIL
4. Payee Inform	mation			Add	Remove	HD OF
a. Full Name, M	Mailing Address & Ph	one		b. Coordinate	ed Committee Nam	
(include city, state	, & zip)					A bevied
CAll Pri	nting or Copy dian Trail	ing FNC.			stered (Specify)	1 COUNTY
311 In	dian Irail	KD.		Federal State	County:	
Indian	Trail, N	C. 28079	7	Inolian	Trail	\$ #96.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
CC	Debit Card	B	10/2	5/2019	\$ 42.70	Campaign Flyers
CC	Debit Card	B	11/03	5/2019	\$26.69	Campaign Cards
4. Payee Inform	mation			Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Nam	e d. Comments
(include city, sta	ate, & zip)					
Food 2101	n SuperMarke dlewild Road	et			stered (Specify)	
7868 Fe	dlewild Koad			Federal	County:	
Indian	Trail, NC. 28	1079		State	Municipa Municipa	ality: e. Election Sum to Date
4/14/4/1	774117 11	- 10				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
CC	Debit Carol	0	10/2	5/2019	\$ 40.52	Candy For Trunk   Treat
					\$	
4. Payee Inform	mation			Add $\square$	Remove	
	ling Address & Phone				ed Committee Nam	e d. Comments
(include city, sta	ate, & zip)					
Facebook				a I amal Dani	4 1 (C18-)	
1/2/ 1/1/2	Road			Federal	stered (Specify)  County:	
1601 WILLOW	Load , CA, 94025			State	Municipa	ality: e. Election Sum to Date
Menio fur	C, CII, 14			T.	1	\$ 110 = 11
	To Commence		_	Indian	Irail	\$40.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	,	j. Amount	k. Required Remarks
CC	Debit Card	A	10/29	3/2019	\$ 15.54	Facebook online Ads
CC	Debit Card	A	10/20	1/2019	\$ 25.00	Facebook Online Ads
5. Total only th	nis Page			'		\$ 150.45
6. Total of ALI	L CRO-1310 Pages					
AND THE RESERVE TO SERVE THE PARTY OF THE PA	n line 13a of Detailed Sun	101 751			Discourance of the contract of	\$ 633.13
	n line 13b of Detailed Sun					1)
	n line 13c of Detailed Sun	STATE OF THE PARTY	THE OWNER OF THE OWNER, WHEN	NAME AND POST OFFICE ADDRESS OF TAXABLE PARTY.	Expenditures)	
7. Purpose C A* - Media	Codes (List detailed				D T	Another Condidate
E - Salaries	B* - Printi F* - Equip	-		undraising litical Party		Another Candidate olding Public Office Expenses
I - Postage	J - Penalti			ffice Expen		onation to Legal Expense Fund
O* Other				H SVEDSIVAROS VOI		0
* Codes requi	re detailed explanati	on in required	romarke	field (b)		

**Disbursements** 

Amendment

Yes

☐ No

Disbursen	nents				Pg	of Yes \Box	ło
Use this form t	o report expenditures	from the commi	ttee for o	operating ex	penses, contrib	utions to candidate/political	
committees and	d coordinated party ex	xpenditures			•		
1. Committee	Full Name (and Fun	d if applicable)				2. ID Number	
Committe	ee To Elec	t Marcus	J.	Mc/n ty	ire		
3. Type of Dis	bursement (Please	e use separate Ci	RO-131	) forms for	each type of Di	sbursement.)	
Operating Ex	penses Co	ntributions to Candid	lates/Politi	ical Committee	s $\square$ C	coordinated Party Expenditures	0.
4. Payee Infor	mation			Add	Remove	(X	000
a. Full Name, N	Mailing Address & Ph	ione		b. Coordinat	ted Committee Na	me d. Comments	No c
(include city, state	e, & zip)					0	Rec
Incebrak	•						DIE
WAL WILL	ow Road ark, CA: 940			Present .	istered (Specify)		WND
1601 WIII	ow Roud	_		Federal State	County		
Menlo Pa	ark, CA: 940	25		State	Munic	ipality: e. Election Sum to Date	
						\$ 65.28	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks	
CC	Debit Card	A	11/	2/1/2019	\$ 24.74	Facebook Online A	de
	10011		111/0	1001	0	THE PHILIPE PI	us
	1				<b>P</b>		
4. Payee Infor					Remove		
a. Full Name, Ma (include city, st	iling Address & Phone			b. Coordinat	ted Committee Na	me d. Comments	
				c. Level Regi	istered (Specify) County Munic		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks	Section 1
					s		182 2 2 2 3
-		+	_		-		
					\$		
4. Payee Infor	mation			Add	Remove		
a. Full Name, Mai (include city, sta	iling Address & Phone ate, & zip)			b. Coordinat	ed Committee Na	me d. Comments	
				c. Level Regi	stered (Specify) County Munic		
						s	
	T	T. a.	_				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only th	his Page					\$ 211-714	- AMPLIES - SE
	L CRO-1310 Pages					\$ 24.74	
(This line goes is (This line goes is	n line 13a of Detailed Sun n line 13b of Detailed Sun n line 13c of Detailed Sun	mmary Page CRO-11	100 if Con	trib to Candida	ates/Political Com	\$633.13	
THE RESERVE THE PERSON NAMED IN	Codes (List detailed	Charles of the last of the las	STATE OF THE PERSON.	OF CHARLES THE REAL PROPERTY.	Experiamares)		
A* - Media	B* - Printi			undraising	Вт	Another Candidate	
E - Salaries I - Postage O* Other	F* - Equip J - Penalti	ment	G - Po	undraising litical Party Office Expen	H* -	o Another Candidate  Holding Public Office Expendent  Donation to Legal Expense I	

Loan Repayments			Pg of	Amendment Yes  No
Use this form to report pay				
1. Committee Full Name (				2. ID Number
Committee To	Flect M	Marcus Mynt	yre	
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				
Marcus Manty	re			c. Original Loan Date
Marcus McInty 4009 Sedgewick Indian Trail,	K Road			
To occupant	10-70			9/18/2019
Indian Trail,	NC. 28019			d. Original Loan Amount
				\$ 1000.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 1147.74		Cash	1/16/2020	\$102.26
\$				\$
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				ET -
				De ge
				c. Original Loan Date
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
<b>J</b>				\$
\$				\$
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address	& Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				or original Down Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Pag	e			\$
5. Total of ALL CRO				
(This line must be on line 15 o		Page CRO-1100)		\$